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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Paul Shellum, et al.

Docket No.

01005 (BLL-0043-C)

Application No.

10/672,097

Filing Date

9/26/03

Examiner

Rexford N. Barnie

Group Art Unit

2643

Invention:

METHOD FOR PARITY ANALYSIS AND REMEDY CALCULATION

I hereby certify that this Response to Office Action, Amendment Letter and Terminal Disclaimer
(Identify type of correspondence)

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on 12/20/04

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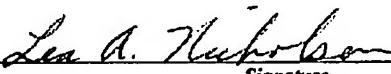
Karen Thomas

(Typed or Printed Name of Person Signing Certificate)

(Signature)

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P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Paul Shellum, et al.				Docket No. 01005 (BLL-0043-C)	
Application No. 10/672,097	Filing Date 9/26/03	Examiner Rexford N. Barnie	Customer No. 36192	Group Art Unit 2643	Confirmation No. 7087
Invention: METHOD FOR PARITY ANALYSIS AND REMEDY CALCULATION					
<u>COMMISSIONER FOR PATENTS:</u>					
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	15 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
 <i>Lea A. Nicholson</i> <i>Signature</i>			Dated: 12/20/04		
Lea A. Nicholson Registration No. 48,346 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence		
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	PAUL SHELLUM)
) Group Art Unit: 2643
Serial No.	10/672,097)
) Examiner: Rexford N.
Filed:	September 26, 2003) Barnie
)
For:	METHOD FOR PARITY ANALYSIS AND)
	REMEDY CALCULATION)

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 223 13-1450

Sir:

Applicants respectfully request entry of the following amendments and remarks contained herein in response to the Office Action mailed September 21, 2004. Applicants respectfully submit that the amendments and remarks contained herein place the instant application in condition for allowance.

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